FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| ATEMENT | OF C | HANGES | IN BENEF | ICIAL O | WNERSH |
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>Tronsberg-Deihle Louann E</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Koppers Holdings Inc. [KOP] | | | | | | | | | | Chec | k all applic Directo | able) r | g Pers | on(s) to Issu 10% Ow Other (s | ner |
|---|---|--|---|---------|---|--|-----------------------------------|-----|-----|---|-----|------------------|---|---------------------------------------|---|---|---|---|--|--|
| (Last) 436 SEV | (F ENTH AV | * | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2016 | | | | | | | | | | Officer (give title below) Treas | | | below) | becily | |
| (Street) PITTSBURGH PA 15219 | | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (5 | • | (Zip) ole I - Nor | n-Deriv | vativ | e Se | curitie | s A | cai | uired. C | isr | nosed o | f. or Be | neficia | allv | Owned | | | | |
| 1. Title of Security (Instr. 3) | | 2. Trans | nsaction th/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year | | 3. Transaction Code (Instr. | | ion | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | 5. Amou 4 and Securitie Benefici Owned F | | nt of s ally ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | Code | , | Amount | (A) or (D) | Price |) | Reported Transact (Instr. 3 a | tion(s) | | 1 | (Instr. 4) |
| Common Stock ⁽¹⁾ 03 | | | | 03/0 | 1/201 | 1/2016 | | | | A | | 2,328 | 3 A | A \$0.00 | | 0 14,707.5963 | | | D | |
| | | | Гable II - | | | | | | | | | | or Ben | | | Owned | | , | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | of E | | Ex | 6. Date Exercisab Expiration Date (Month/Day/Year) | | | e and 7. Title and Amount of Securities Underlying Derivative S (Instr. 3 and | | [5 | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | is illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Dat | te ercisable | | xpiration ate | Title | Amour or Number of Shares | er | | | | | |
| Employee Stock Options (Rights to | \$18.11 | 03/01/2016 | | | A | | 8,536 | | 03/ | /01/2017 ⁽²⁾ | 0 | 3/01/2026 | Common Stock | 8,530 | 5 | \$0.00 | 8,536 | ; | D | |

Explanation of Responses:

- 1. The reporting person was awarded time-based restricted stock units on March 1, 2016, which will vest in annual installments of 25 percent over four years.
- 2. The reporting person was granted stock options on March 1, 2016, which will vest in annual installments of 25 percent over four years.

Remarks:

/s/ Steven R. Lacy, Attorney-in-03/02/2016 Fact

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.